

City of Hollister  
Building Department



339 Fifth St – Office  
375 Fifth St - Mailing

Hollister, Ca 95023  
(831) 636 - 4355  
Fax: (831) 636 - 1834

## Application for Building Permit

(Must be complete, legible and accurate)

Application Date: \_\_\_\_\_

**Building Type:** ☐ Commercial ☐ Industrial ☐ Residential  
**Construction Type:** ☐ New Construction ☐ Addition ☐ Remodel ☐ Other: \_\_\_\_\_  
**Permit Type:** ☐ Building ☐ Mechanical ☐ Plumbing ☐ Electrical

**DESCRIPTION OF WORK:** \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**A.P.N.:** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TYPE OF CONSTRUCTION:** \_\_\_\_\_ **USE:** \_\_\_\_\_ **OCCUPANCY CLASS:** \_\_\_\_\_

**SQ. FT. DWELLING:** \_\_\_\_\_ **SQ. FT. GARAGE:** \_\_\_\_\_ **SQ. FT. PORCH / PATIO:** \_\_\_\_\_

**SQ. FOOTAGE:** \_\_\_\_\_ **VALUATION:** \$ \_\_\_\_\_ **STORIES:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTRACTOR LICENSE NO.:** \_\_\_\_\_ **CONTRACTOR CLASS:** \_\_\_\_\_ **BUS. LICENSE NO.:** \_\_\_\_\_

\*\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*\*

### INITIAL APPLICATION FEES\*

Building	\$	Planning	\$
Plumbing	\$	Plan Check	\$
Mechanical	\$	SMOT/ SMIT	\$
Electrical	\$	Green Fee SB 1473	\$
		<b>SUBTOTAL PERMIT FEES</b>	\$
<b>SUBTOTAL</b>	\$	PLAN CHECK DEPOSIT	\$
		<b>TOTAL PERMIT FEES OWED</b>	\$

\*Additional fees may be required. Contact the City for more information.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**REVIEWED BY**

## LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professionals Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print Name of Signer \_\_\_\_\_  
License #. \_\_\_\_\_ License Class \_\_\_\_\_

## WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insured, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy # \_\_\_\_\_ Company \_\_\_\_\_  
( ) Certified copy is hereby furnished  
( ) Certified copy is filed with the building inspection department of the City of Hollister  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- ( ) A. I am the owner of the above property and I will contract to have all the work performed by licensed contractors  
( ) B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in Accordance with Statement "C".  
( ) C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature \_\_\_\_\_ Print Name of Signer \_\_\_\_\_  
Date \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_